mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. THEFT PLA N. B.-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	40
County Kent	Registration Dist. No. 200
Village or City Sandy Bollon 10	hostela or RR
(11	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	
2. FULL NAME Jonah E. alten	LOTA and
(a) Residence: No. Sandy Lattono.	St., Alexandración RR 2
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. WIDOWED, (write the word)	21. DATE OF DEATH
T. Widowell	(Mg/h) (Oay) (Year)
5a. If widowed,	(150)
WIFE of Wife attension	22. I HEREBY CERTIFY, That I attended deceased from
C. + 22 10-	1955, to aft. 18, 1935
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h alive on alive on 193 5; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 6:30 Pm.
7 / 1 / C ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER PROMYECTED AND ACTIONS AND A	Carlinoma of allerus
9_Industry or business in which	
SAW MILE BANK	
U 10. Date deceased last worked at 11. Total time (years)	
this occupation (month and . 24 spant in this year) spant in this occupation	
12 DIRECTOR OF COLOR	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Sully Crad (State or country)	
13. NAME Hans C. II	
E Comment	
4. BIRTHPLACE (city or town) 14. Known (State or country)	Name of operation
	What test confirmed diagnosis? Was there an au'opsy?
± //	23. If death was due to external causes (VtOL ENCE) filt in also the following:
O 16. BIRTHPLACE (city or town) Krown (State or country)	Accident, suicide, or homicide? Date of Injury, 19
Of Oil -414.	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Chas, W. alterson	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	
Place Cell St Pauls Cherloste Opr. 21, 1935	Manner of injury
1000	Nature of injury
19. UNDERTAKER Model & theillon	24. Was disease or Injury In any way related to occupation of deceased?
(Address) Chestertown MS	If so, specify for for for
20. FILED Shall 1935. De World	(Signed) of leaght Jower M, D.
Registrar.	(Addyss) (Meslertown, ma
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(Yeer)

(Addrass)

Registrar.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
STREAM V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE F	FOR FURTHER S	STATEMENTS	BY	PHYSICIAN
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BINDIN FOR HIS RESERVED

STATE OF MARYLAND-CERTIFICATE OF DEATH state 1. PLACE OF DEATH Registration Dist. No. plnods County Village or City (If death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? _____ yrs. ____ mos. ____ds. Length of residence in city or town where death occurred. statement PHYSICIAN (a) Residence: No. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 3. SEX OR DIVORCED (write the word) (Month) assified. 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of H 6. DATE OF BIRTH (month, day, and yeer) properly If LESS than Months Days 7. AGE Years 1 deyhrs. end related ceuses of importence or____min. 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.... plnods may back 9 Andustry or business in which work was done, as SILK MILL SAW MILL, BANK, etc...... 11. Total time (yeers) spent in this 10. Date deceased last worked et this occupation (month and no that occupation instructions Other Contributory Causes of importance 12. BtRTHPLACE (city or town) (State or country) 13. NAME FATHE 14. BIRTHPLACE (city or lown) (State or country) plai efully OTHER important. 15. MAIDEN NAME 23. If death was due to external ceuses (VIOLENCE) fill in elso the following 16. BIRTHPLACE (city or town (State or country Where did injury occur?___ pe DEA (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. plnous very OF (Address) 18. BURTAL, CREMATION, OR REMOVAL Menner of injur WRITE CAUSE Nature of injury TION 24. Was diseese or injury in eny way related to occupation of deceased 19. UNDERTAKER (Address) If so, specify 20. FILED 4/28 Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Day)

Y That I attended deceesed from

Was there en eulopsy?.

(Yeer)

Date of onset

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones MAN	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

V.S.N

STATE C	OF MARYLAND-	-CERTIFICATE OF DEATH	101
1. PLACE OF DEATH	01 0	36	
County Roman	Un Julija	Registration Dist. No.	
Village or City	HILL MAD	No. St.,	Wai
Length of residence in city or town where	death occurredyrs,m	os. ds How long in U.S. if of foreign birth?yrsmos.	
2. FULL NAME / LEM	2 Broals		
(a) Residence: No	(Usual place of abode)	St., Ward. If nonresident give city or town and Stat	te
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
5. SEX 4. COLOR OR RACE Caland	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Spil 28 (Month) (Day)	(Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	A 60	22. 2 HEREBY CERTIFY, That I attended deco	
ovenan	1 Draw o	April 24 1935 to Apr. 28	, 19.35
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than		eath Is sai
/5 /	l day,hrs	to have occurred on the date stated above, at	
8. Trade, profession, or particular kind of work done, as SPINNER.	l ormin.	were as follows:	to of ones
SAWYER, BOOKKEEPER, etc	touseurs.	original focus was	carl
work was done, as SILK MILL, SAW MILL, BANK, etc.	re will	welltermid : no injury determin	e
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	Primary couse: not known.	<u> </u>
12. BIRTHPLACE (city or town) 5 Till Pa	god	Other Coutributory Causes of importance:	
1 13. NAME JARRAGE	Tilloo	and worns in a run down	
14. BIRTHPLACE (city or town) 500	Robert of	Name of operation	
(State of country)	land on	What test confirmed diagnosis? Was there an au'op	sy?
15. MAIDEN NAME ERISALEM	W.right	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of injury	, 19
(State or country)	1-100	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT (Address) Will Lyn	m Day	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	7 - 70	Manner of Injury	
Place Sallf Port of	F. Date S.A. 14. 31., 19. 35	Nature of injury	
19. UNDERTAKER Son oh 16 9 (Address) This sale	morne sel	24. Was disease or injury in any way related to occupation of deceased? No	
20. FILED Cefr. 29, 1935	Gus Registrar.	(Signed) Dr. Jrm. Richmond. (Address) Bhistertury Add	M.

14

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Pertonitis. 3 days ago Other contributory causes of importance: Other contributory causes of importance: Man 1,1929 Gallstones Gastroenteritis 1 year

		4
2	X	
1	4	
15	1	
-	1	
	X	X

PLACE OF DEATH County

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.: War	(
----------	---

(If death occurred in a hospital or institution, give its NAME In - stead of street and number.)

Vi	llage or City / Many (No
	2FULL NAME Daniel Colis
	PERSONAL AND STATISTICAL PARTICULARS
	MARRIED, Married Wildowed, OR DIVORCED
-	(Write the word)
6	DATE OF BIRTH
	(Month) (Day) (Year)
7 /	If LESS than I day
	49 yrs. // mos. // ds. ormin.>
2	a) Trade, profession or Julures particular kind of work
(b) General nature of industry
	ousiness, or establishment in which employed or (employer)
_	
9 6	(State or country) new marydel.
-	10 NAME OF Banj Colister
STN	11 BIRTHPLACE OF FATHER (State or country)
PARE	OF MOTHER Journa Sturben
	13 BIRTHPLACE OF MOTHER (State or Country)
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
	(Informant) Lucinda Colister
	(Address) millington, md.
15	Filed apr. 17- 193 & eller till Brice

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH April 8, 1955 (Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended the deceased from 1983 14 to 4 1923 5
that I last saw has alive on Coffee 7 , 19235
and that death occurred on the date stated above, at 8.45 Pa.m. The CAUSE OF DEATH & was as follows: Juke Eulose'
(Duration) Q
(Dyfation)yrsds,
(Signed) A Starl M. D.
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LUNGTH OF RUSIDENCE (For Hospitals, Institutions, Trunsients or Recent Residents)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, it not at place of deah?
Former or usual residence
Obesterville Md. Opril 1, 19 35
000000000000000000000000000000000000000

If more b.anks are needed, addre. & tate Registrar, 16 W. Saratoga St., Bulto., Requesting V. S. No. 1.

00%

WRITE

ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) cases, especially in industrial employments, it is necestion applies to e ch and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealnature of the husiness or industry, and therefere an Civil engineer, Physician, Compositor, Architect, business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a whatever, write None. report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Stationary fireman, etc. But in many Locomotive engineer, (6) Grocery;

s, inal menin itis"); Dinhtheria (avoid use of "Croup"); Typhoid ferer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," ferer (the only definite synonym is "Epidemic cerebroed term for the same dise.se. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DISto time and causation), using always the same accept-

> st_ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, Chronic interstitial nephritis, telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. For violent deaths state means of injunct can be ascertained as the cause. American Medical Association.) approved (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature Chronicetc. The contributory valvular heart disease; Always qualify all not be

If this certificate is looked over thoroughly and all qu stions an week in detail, it will prevent further correspondence. All the dith is essential and must be obtained before the certificate is permanently stied.

RD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RE MARGIN RESERVED FOR BINDING LY, W WRITE PL

(a) Residence: No. (b) Analysic of shoold PERSONAL AND STATISTICAL PARTICULARS A. COLOR OR RACE 1. SEX 4. COLOR OR RACE 5. MARRIED 1. DATE OF BIRTH (month, day, and year) A. AGE Years Months Days 11 LESS than 1 day,	STATE OF MARYLAND	-CERTIFICATE OF DEATH
Village or City	K T	Projection Diet No. 24/12
Length of residence in city or townshere death occurred. 2. FULL NAME (a) Residence: No. Color of Race	THE CONTRACT OF THE STATE OF TH	
2. FULL NAME (a) Residence: No. (b) Aparticulars PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLOR OR RACE 5. S. MARKEID, M		If death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLOR OR RACE 5. MARRIED, MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 22. I HEREBY CERTIFY. That I attended deceased from the date stated about 20, 193 St, death is a low recovered on the date stated about 20, 193 St, death is a low recov	Length of residence in city or town where death occurredyrs,mo	sds. How long in U.S. if of foreign birth?yrs,mos,ds
PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLOR OR RACE 5. MARKED. ("Conit the word) WILLIAMS ("And I Harried. ("HUSBAND of Control of BIRTH (month, day, and year) DATE OF BIRTH (month, day, and year) ACE Years Months Days I HEST than 1 defended deceased for the word of the day of the state of the state of the day of the state	2. FULL NAME Chas. L. World	
SEX 4. COLOR OR RACE 5. MARRIED, Waris the word 1. If married, HUSDANO of Conicy About 22. I HEREBY CERTIFY. That I attended deceased for Waris the word and the standard an	(a) Residence: No. / tegh St-	
4. COLOR OR RACE S. MARRIED, Warried Carrier the word 1. If married, HUSSAND of Carrier the word 22. If HEREBY CERTIFY, The Listended deceased for the word word of the state of the word of the word of the state of the word of	and the state of t	
AGE Years Months Days If LESS than In have coccurred on the date stated above 2.20 m. B. Trade, profession, or particular sind of work done, as SPINNER, F. Months SAYVER, BOOKKEEPER, etc. Productive or bullenss in which work was done, as SPINNER, F. Months SAYVER, BOOKKEEPER, etc. Productive or bullenss in which work was done, as SPINNER, F. Months SAYVER, BOOKKEEPER, etc. Productive or bullenss in which work was done, as SPINNER, F. Months SAYVER, BOOKKEEPER, etc. Productive or bullenss in which work was done, as SPINNER, F. Months SAYVER, BOOKKEEPER, etc. Productive or bullenss in which work was done, as SPINNER, F. Months SAYVER, BOOKKEEPER, etc. Productive or bullenss in which work was done, as SPINNER, F. Months SAYVER, BOOKKEEPER, etc. Productive or bullenss in which work was done, as SPINNER, F. Months SAYVER, BOOKKEEPER, etc. Productive or bullenss in which work done, as SPINNER, F. Months SAYVER, BOOKKEEPER, etc. Productive or bullenss in which work done, as SPINNER, F. Months SAYVER, BOOKKEEPER, etc. Productive or bullenss in which work done, as SPINNER, F. Months SAYVER, BOOKKEEPER, etc. Productive or bullenss in which work done, as SPINNER, F. Months SAYVER, BOOKKEEPER, etc. Productive or bullenss in which work done, as SPINNER, F. Months SAYVER, BOOKKEEPER, BOOKKEEPER, etc. Productive or bullenss in which work done, as SPINNER, F. Months SAYVER, BOOKKEEPER, BOOKKEEPER, Etc. Productive or bullenss in which work done, as SPINNER, F. Months SAYVER, BOOKKEEPER, BOOKKEEPER, Etc. Productive or bullenss in which were as follows: SPINNER, BOOKKEEPER, BOO		
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O. FILED World act, 19.00	(Addiess) Chestertown, md	If so, specify
Registrar (Madrace)	10. FILED april 20, 1934 JV J. a recti	(Signed) (Signed) M. M.

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH Registration Dist. No. If nonresident give city or town and State (Dev) CERTIFY. Thet I attended deceased from Date of enset (Specify city or town, county and State)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Other contributory these of importance:		Other contributory causes of importance:		
Gallstones 100	May 1,1923	Gastroenteritis	1 year	
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V. S. No. 1

STA	TE	OF	MARYL	AND-	CERTIF	ICA	TE	OF	DEATH
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	194-20
County Kert	Registration Dist. No. 227
Village or City Near massey	NoSt.,Ward
	leath occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
)
2. FULL NAME y eorge W. Narris	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower	21. DATE OF DEATH April 19 (Month) (Day) (Year)
a, If married, widowed, or divorced	
HUSBANO OF ON exciella Harris	22. I HEREBY CERTIFY That I attended deceased from 19.35 to 9.19.35 I last saw h. alive on 19.35 deeth is said
AGE Years Months Days 4 If LESS than	to have occurred on the date stated above, at 3:40 Am.
// 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trade, profession, or perticular	were as tollows: Date of onset Date of onset
kind of work done, as PPINNER, Jarm Land SAWYER, BOOKKEEPER, etc.	
9 Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year) 11. Total time (yeers) spent in this occupation	Other Contributory Causes of importance:
12, BIRTHPLACE (city or town) Maryland	Chemiation
(State or country)	
13. NAME Samuel Harris	
14. BIRTHPLACE (city or town) Maryland	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16, BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury, 19
E (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Carey Summers (Address) massly md.	Specify whether injury occurred In INDÚSTRY, In HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place White Planes Date (194 23,1935	Nature of injury
19. UNDERTAKER John a. Tohin & Sun (Address) milling ton my	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 21 21, 19 35 Telerrith Brice	(Signed) M. D.
Defily Registrar.	(Address) Tung William Paris (1) S. N.

If more blanks are needed, addzess State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. Nb. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
- SCET	VED			
Other contributory causes of importance 23	1025	Other contributory causes of importance:		
Gallstones	1935 May 1,1913	Gastroenteritis	1 year	
	7.8.			
	The state of the s			

M	-WRITE PLACY, WHAN UNFADING INK-THIS IS A PERMANENT RE AD. Every item of infor-	PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	
FOR BINDING	IS A PERMANENT RE	stated EXACTLY. I	properly classified. Exac	certificate.
MARGIN RESERVED FOR BINDING	UNFADING INK-THIS	supplied. AGE should be	in terms, so that it may be	See instructions on back of
11	NARITE PL. CLY, WA	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in pla	TION is very important. See instructions on back of certificate.

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	08307
1. PLACE OF DEATH		82-C	2 411
County		Registration Dist. No.	204
Village or City Tarre		No. S	St.,Ward
Length of residence In city or town where death or 2. FULL NAME.		death occurred in a horpital or institution, give its NAME instead of streetds. How long in U.S. If of foreign birth?yrs	
(a) Residence: No(1)	Usual place of abode)	St., Ward. If nonresident give city or tow	vn and State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEA	тн
3. SEX 4. COLOR OR RACE OR Solution of the HUSBANO	WIDOWED, (write the word)	21. DATE OF DEATH OF LOS (Month) (Oay) 22. 1 HEREBY CERTIFY That I att	(Year)
Curry	Uni Mudeon	Dea. 1932 to ckru	4 / 1954
6. DATE OF BIRTH (month, day, and year)	ne 18, 1851	Hast saw have alive on The self 1, 19	35; death is sald
7. AGE Years Months	Oays If LESS than I day,hrs.	to have occurred on the date stated above, at _ 3 _ ft_m.	
83 9	/3 1 day,nrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Data of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Return SAWYER, BOOKKEEPER, etc.	d Farmer	1	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		If offer not	1932
10. Oate deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	Linoux Coura recus	-ue
12. BIRTHPLACE (city or town) / Cext	C.	Other Contributory Causes of Importance:	Sam
	Lulson	altebral Softening	1935
13. NAME 14. BIRTHPLACE (city or town) (State or country)	andra D		e of
15. MAIDEN NAME aramint	Lustre	What test confirmed diagnosis? Was then 23. If death was due to external causes (VIOLENCE) fill in also the fol	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	To land	Accident, suicide, or homicide? Date of injury Where did injury occur?	
17. INFORMANT Barting (Address)	I Hugson	(Specify city or town, county ar Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBL	nd Stale) IC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	11/4	Manner of injury	
Place Chelles Cameling Oate	7-/ 3,1936	Nature of injury	
19. UNOERTAKER Mode + 8 (Address) Chesterland	isellon o	24. Was disease or injury in any way related to occupation of decease	d?
20. FILED april 1935 0 11	Trusto	(Signed) Franchist Fruit	M. O.
	Registrar.	(Address) Willestallaw	٠

13.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deccased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework; write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	ii ii	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
SI, ZEEVING				
Other contributory causes of importance:		Other contributory causes of importance:		
Gollstones	May 1,1923	Gastroenteritis	1 year	

	Ever.	ICIAN	atement	
	RECORD	Y. PHYS	Exact sta	
BINDING	PERMANENT	EXACTLY	ly classified.	ate.
FOR	IS A	stated	proper	certifica
MARGIN RESERVED FOR BINDING	RITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every	tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN	USE OF DEATH in plain terms, so that it may be properly classified. Exact statement	IN is very important. See instructions on back of certificate.
•	RITE PLAINLY,	tion should be care	USE OF DEATH !	N is very importa

STATE OF	MARVI AND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	MAKILAND	CERTIFICATE OF BEATTI
County Kensk		Registration Dist. No. 203
Village or City Auck	Hall	No. St., Ward
		death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death	occurred yrs. mos	ds. How long in U. S. if of foreign birth? wrs mos ds.
2. FULL NAME A CHANN	azavein	Grendure) Hym
(a) Residence: No.	(Usual place of abode)	St., Ward. / If nonresident give city or town and State
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEATH
	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Abul Lay 1937
5a. If married, widowed, or divorced HUSBANO of	70	
(or) WIFE of		22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year).	ul 15-35	I last saw h. alive on the allers live of mis said
7. AGE Yeers Months	Days If LESS than I day,	fo have occurred on fhe dafe stated above, atm.
	6 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		A A Comment
9. Industry or business in which work was done, as SILK MILL,		essely a row and Relessed
		untlingrondiand and
SAW MILL, BANK, etc	11. Total time (years) spent in this	Very Him and Small.
year)	occupation	Other Contributary Causes of importance:
12. BIRTHPLACE (city or town)	Vad.	
II 13. NAME MULLON TA	blone	
13. NAME 14. BIRTHPLACE (city or town)	harated A.	Name of operation Oate of
(State of country)	www.	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME MAY BUTTE	Jynear	23. If death was due to external causes (VIOLENCE) fill in also the following:
I6. BIRTHPLACE (city or town) (Stete or country)	W. Co	Accidenf, suicide, or homicide?
Variable Wood	1 + 12 / 1	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	recent maurie	Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	01.11	Manner of Injury
Place Stranfelow N	Date 1 23 . 1935:	Nature of injury
19. UNDERTAKER LAACHYNAS (Address)	ry Grandfalker	24. Was disease or Injury in any way related to occupation of deceased?
20. FILEO 4/23 , 1935 HAR.	7, B. Duding	(Signed) Mar, L. D. Landing M. O. (Address) Warple Hall
If more bland		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week o.go	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
MARKU V. S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	Moy 1,1923	Gastroenteritis	1 year	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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	Example I		Example II	
The principal cause of importance were as	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	DECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	HIN 5 (1)(4)	July5,1927	Peritonitis	3 days ago
	STREET N. S.			
Other contributory ca	nuses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1928	Gastroenteritis	1 year

FOR

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Chronic interstitial nephritis	1921	Run over by struct car	1 week ago
Cerebral hemorrhage	July 5,1927	Perpopitis	3 days ago
	100	3 A.	
	100	80	
Other contributory causes of importance:	100	Other contributory causes of importance:	
Gallstones	May 1,1923	Controlniteritis	1 year
	18/10	0'/	
	The same of the sa		
	1		

r e r	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	
ould of	County Hent County	Registration Dist. No. 202
item of should of OCC	Village or City Mean. Workers (16	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
10 10	Length of residence in city or town where death occurredyrsmos.	ds How long in U.S. if of foreign birth? yrsmosds.
). Every SICIANS	2. FULL NAME Samuel C. Soller.	
D. I SIC tate	(a) Residence: No.	St., Ward.
N H	(Usual place of abode)	ff nonresident give city or town and State
RE. PH. Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
LY.	3. SEX 4. COLOR OR RACE OR DIVORCED (write the Gord) What What OR DIVORCED (write the Gord)	21. DATE OF DEATH (Month) (Day) (Year)
NG NE	5a. If married, widowed, or divorced HUSBAND of	22. A HEREBY CERTIFY. That I attended deceased from
DIN A C.	(or) WIFE of Jala C. Sollar	tashar 26 1935 to Carr 16 1935
BINDI EXA EXA y classi te.	6 DATE OF RIRTH (month, day and year) My 18 1875	Has saw have alive on GAN: 15 1935 death is said
B. P.E. E. I.y. ate.	7. AGE Years Months Days If LESS than	to have occurred on the date state above, at6am.
FOR B. IS A PE stated E properly certificate	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
FO IS star	8. Trade, profession, or particular	were as follows: Throughout Date of onset
ED HIS	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
VE Id	Industry or husiness in which	
	work was done, es SILK MILL, SAW MILL, BANK, etc.	
IN I	11. Total time (years) this occupation (month and year) year) The property of the companion of the companio	
NEGIN RENEWADING plied. AGE	year)	Other Contributory Canses of importance:
N O S	(State or country) Queen Mone Country	Cardine Decompensation
EADI ied. ms, so struct		-
	T	
CO	14. BIRTHPLACE (city or town) 1. (State or country)	Name of operation Date of
S E S		What test confirmed diagnosis?
- L	15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
car rtH ports	O 16. BIRTHPLACE (city or town) (State or country) (State or country)	Where did injury occur?
d be DEA	71 1 1 1 1 1 1	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
PLA hould OF DI	(Address)	Specify whether injury occurred in INDOSTAT, in Home, of in Fobero Fenol.
	18. BURIAL, CREMATION, OR REMOVAL	
E 191 .22	Place _ Christin Disc. Date apr. 19/35, 19 25.	Nature of injury
-WRIT mation CAUSI	Me - I stillians	24. Was disease or injury In any way related to occupation of deceased?
Chant	19. UNDERTAKER Angel A Manual A	If so, specify
3 4	11. 114 35 0015 Aliels	(Signed) Geland Jowes M. 1
Vz ()	20. FILED Upol (8 -, 19.50 M) Registrar.	(Address) Chestestowny Ma.
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SDACE EO	D PHETTER	STATEMENTS	1337	DUVETCIA	3.T
ADDITIONAL	SPAUL FU	KFUKIHEK	SIAIRMENIS	25 I	PHYSICIA	IN

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH 000 should County Registration Dist. No. item Village or City No. (If death occurred in a hospital or institution, give its NAME instead of street and number) 3 w long in U.S. if of foreign birth? Length of residence in city or town where death occurred. 2. FULL NAME HYSI (a) Residence: No. Ward. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR OF RACE 5. SINGNE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DINORCED (write the word) (Year) 5a. If married, widowed. HUSBAND of R.T.I.F.Y. That attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Years Monthe Days If LESS than I day. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or ___ min. were as follows: Data of onsat Trade, profession, or particular kind of work done, as SPINNER, RESERVED SAWYER, BOOKKEEPER, etc. may Industry or business in which should work was done, as SILK MILL. SAW MILL, BANK, etc ... O. Date deceased as worked at 11. Total time (yeags spent in this this occupation that year) occupation IARGIN 12. BIRTHPLACE (oily or town) (State or country) supplied terms, FATHER 13, NAME See 14. BIRTHPLACE (city or town) plain (State or) ountry) fully What test confirmed diagnosis? HER i. 23. If death was due to external causes (VIOLENCE) fill in also the following important care MOT Accident, suicide, or homicide? DEATH 16. BIRTHPLACE (city of Jown (State or country Where did injury occur?_ (Specify city or lown, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE pluods very OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury CAUSE mation -, 19 35 Nature of injury TION 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed) __ 4 Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

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Chronic interstitiol nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA.

-WRITE PLANLY,

STATE OF MARYLAND-CERTIFICATE OF DEATH

- 7	1.81	9	10		
- 2	TX		3		
и,	1.15	0		=2.	

1. PLACE OF DEATH		48
County Sters	······	Registration Dist. No.
Village or City Still Fo	md	
Length of residence in city or town where dea		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
0	7 7	1 0
2. FULL NAME COUNTER	may ruce	wester
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word),	21. DATE OF DEATH April 5 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Or) WIFE of	icholson	222 HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	uazo 1880	I last saw h. 20 alive on A 1935; death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at4_30 Pm.
54 7	/ 5 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER BOOKKEFFER etc.	1	lax Cinoma d/
SAWYER, BOOKKEEPER, etc	muse mil	Mexico.
work was done, as SILK MILL, SAW MILL, BANK, etc.	rige	
10. Date deceased last worked at this occupation (month end	11. Total time (years)	
year)	occupation	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town) Cecil	Co Zud	Culturation of the control of the co
(State or country)	erifland!	
13. NAME Luke 7	ong.	
14, BIRTHPLACE (city or town)	gland	Name of operation Date of Was there an au'opsy? LD
×	aclash	What test confirmed diagnosis? What test confirmed diagnosis? What test confirmed diagnosis? Was there an au'opsy? What test confirmed diagnosis? What test confirmed diagnosis?
16. BIRTHPLACE (city or town) Pero	accel .	Accident, suicide, or homicide?
(State or country)	myevama.	Where did injury occur?
17. INFORMANT John hic (Address)	Indson	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury
Place Still Fond Md	Dete_Cypr. 9, 1935	Nature of injury
19. UNDERTAKER BROFOL	lows	24. Was disease or injury in any way related to occupation of deceased?
(Address) Still Pg	nd. Ind.	If so, specify
20. FILED Jul 9, 1935	Kelael	(Signed) All fully January M. D.
	Registrar.	(Addréss) Chellestanon, Mil

If more blanks are needed, address State Registrar, 2411 N. Charler Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel. etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Kent	Registration Dist. No. 202
Village or City Chester town	Mo sut and a Lew Standard Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred vrs. mos	
2. FULL NAME Edult Gloria Par	trick
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Lemale While	21. DATE OF DEATH April 27
5e. If merried, widowed or divorced	(Math) (Oey) (Year)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY A stended deceased from
6. DATE OF BIRTH (month, day, and year) While 20, 1935	I last sw h Ly alive on 7 7 7 1934; death is said
7. AGE Years Months Deys If LESS then	to heve occurred on the date steted above, et 1/146 m.
0 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
Z 8. Trede, profession, or particular kind of work done, as SPINNER.	Date of onest
SAWYER, BOOKKEEPER, etc	De Theunous 1950
work was done, as SILK MILL, SAW MILL, BANK, etc	Trouble from ing cation ov
10. Oete deceased lest worked at this occupation (month and year)	acumento fluit
12. BIRTHPLACE (city or town) Cheglerlown	Other Contributory Causes of importance:
(State or country) (but 9. md.	
13. NAME Wilber homas Valreek	
14. BIRTHPLACE (city or town)	Neme of operation Oate of
(State of Country)	What test confirmed diagnosis? Was there an autopsy? Us
15. MAIDEN NAME Edille Juagiale Ledda	23. If death wes due to externel ceuses (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Saltunord'	Accident, suicide, or homicide?Oate of injury19
(State or country)	Where did injury occur?
17. INFORMANT & Selby homas sheep	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Mesler mercy Date speed at , 1900	Nature of Injury
19. UNOERTAKER W. A. Solgalia Maria	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED Abril 27 19 30 Win Theele	(Signed) Theref House M. D.
Registrar.	(Address 4. 2 La La La Med

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: 1915 Attack of epilepsu Arteriosclerosis 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC

1. PLACE OF DEATH 000 Registration Dist. No. should Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) Jo CO -How long in U.S. if of foreign birth? vrs. mos. ds. Length of residence in city or town where death occurred 2. FULL NAME SI If nonresident give city or town and State (Usual blace of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DWORCED (write the word) (Month) (Day) Year) 5a. If married, widowed, or divorced HUSBAND of 22. (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at. 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. were as follows: Date of onset 8. Trade, profession, or particular ON kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc Industry or business in which hould may work was done, as SILK MILL. SAW MILL, BANK, etc 1D. Dato deceased last worked at (11 Total time (years) this occupation (month and spant in this that occupation_ 12. BIRTHPLACE (city or town) (State or country) supplied terms, FATHE Name of operation 14. BIRTHPLACE (city or lown) plain (State or country) What test confirmed diagnosis? Was there an au'opsy?_ efully MOTHER important in car DEATH 16. BIRTHPLACE (city or lown) (Stata or country) Where did injury occur? pe (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. plnoy OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Place Wesles CAUSE mation Nature of injury LION 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify _ (Signed) 20. FILED. Registrar. If more blanks are needed, address State Registrar, 2412 N. Charles Street

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STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
to the second of			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	J. D.
County	Registration Dist. No. 202
Village or City the town	No. St. Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Anua luggold	n
(a) Residence: No. lengh or the low (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the work)	21. DATE OF DEATH STALL / 193
5a. tf married, widowed, or divorced HUSBAND of	(Month) (Oay) (Year)
(or) WIFE of O Rollwood Lenggold	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 26. / V 1863	I last saw h Le alive on April 1, 1934; death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, atm.
	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER	A GARAGE
SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this execution of the company o	June 1 West The
10. Date deceased last worked at this occupation (month add year) spent in this occupation occupation	
12. BIRTHPLACE (city or town) - Lesse (State or country)	Other Contributary Causes of importance:
W 13. NAME beek A. Hoters	
13. NAME OSCIPLE ST. TO LET ST. 14. BIRTHPLACE (city of town)	Name of operation Rose
(State or country)	What test confirmed diagnosis? Was there an autopsy
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury 19
(State or country)	Where did injury occur?
17. INFORMANT (Address) (Address) (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL/CREMATION, OR REMOVAL	Manner of injury
Place Luls le Curelly Date April 2, 1930	Nature of injury
19. UNDERTAKER Not of Declare	24. Was disease or injury in any way related to occupation of deceased?
(Address) Chesterlown one	If so, specify
20. FILED Paul 2, 1924 W. J. r. Pricks	(Signed) And M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I	i i	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STA	FATEMENTS BY PHYSICIAN	V
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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) S Length of residence in city or town where death occurred. ds. How long in U.S. if of foreign birth? yrs mos ds. (a) Residence: No. If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR_OR RACE 21. DATE OF DEATH 5. SINGLE. Transport onced (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mar. 4, 1865 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months If LESS than to have occurred on the date stated above, at 3 17 m The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. were as follows: Date of onset 8. Trade, profession, or particular TION kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.... ARGIN RESERVED back may 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 1D. Date deceased last worked at 11. Total time (years) spant in this this occupation (month and caupation ... Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIDL ENCE) fill in also the following: OF DEATH 16. BIRTHPLACE (city or town). Accident, suicide, or homicide? (State or country) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE 18. BURIAL, CREMATION, QR REMOVAL Manner of injury AUSE LION Nature of injury. 19. UNDERTAKER 24. Was disease or injury in any way related to occupation of deceased? (Address) If so, specify Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAN	D-CERTIFICATE OF DEATH
1. PLACE OF DEATH	(93-6)
County Ledy	Registration Dist. No.
Village or City Jernelacto	Allesfectacon RA2 St., Ward
Length of residence In city or the where death occurred yrs	(If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Singh Maria	ch Ward
(a) Residence; Np. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the w	
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Ficher Ward	1 HEREBY CERTIFY That I attended deceased from 1930, to New 70, 1930-
6. DATE OF BIRTH (month, dey, and year) 26. 26. 185	3 I lest sew h alive on 72 19.55; death is said
7. AGE Years Months Oeys If LESS	to the desired of the date of
O 7 1 1 0rm	THE EXINCIPAL CAUSE OF DEATH and releted causes of importance
8. Trede, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. ID. Date deceased last worked at this occupation (month and the control to th	4 armet Mocadia 1930
ID. Date deceased last worked at this occupation (month end/9/0 spent in this year)	fr
12. BIRTHPLACE (city or town)	Dther Contributory Causes of importance:
(State or country) Level 100 - 3nd	
13. NAME Spellering Drawn 14. BIRTHPLACE (city or town) (State or country) (State or country)	Neme of operation
# 15. MAIDEN NAME Pelizabeth Irlghe	What test confirmed diagnosis? Wes there en autopsy?
16. BIRTHPLACE (city or town) Shrows (State or country) Constitution (State or country)	23. If death was due to externel causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Where did injury occur?
17. INFORMANT A Thing Blackslow. (Address) Chistildian a	(Specify city or town, county and State) Specify whether injury occurred in tNDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Dete Dete 1, 1	9 30 Nature of Injury
19. UNOERTAKER As Long a Very (Addiess)	24. Was diseasa or injury In any way related to occupation of deceased?
20. FILED Upm 2, 1935 Destructh	(Signed) Translett M. O.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related eauses, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal eause. Under other contributory eauses of importance, name other important diseases or injuries. Examples:

- 1	Example II	
Date of onset	The principal eause of death and related eauses of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal eause of death and related eauses of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

STATE O	F MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH		
County Tenf	mount on A	Registration Dist. No.
Village or City Scatche	own Still fond	
Length of residence in city or town where d	(II	f death occurred in a hospital or institution, give its NAME instead of street and number) s ds. How long in U.S. if of foreign birth?yrsmos ds
0-	· JD.	D- B-0
2. FULL NAME Mar	ian Mu	le valy
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTI		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDDWED, OR DIVORCED (write the word)	21. DATE OF DEATH apr 2/ 1935
5a. If married, widowad, or divorced	Show	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	~	22. I HEREBY CERTIFY, That I attended deceased from
5. DATE OF BIRTH (month, day, and year)	61/21 1635	I last saw have alive on afril 2/of, 19 32; death is sai
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at /: Pane.
	1 day, 2. hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc	C-	
C 197, industry of Dusiness in Which		Frankline Baby.
work was done, as SILK MILL, SAW MILL, BANK, etc	11. Total time (years) spent in this occupation	Heur Failman
12. BIRTHPLACE (city or town) Secure (State or country)	tillford	Other Contributory Causes of importance;
13. NAME	nfigo	
13. NAME 14. BIRTHPLACE (city or town)	as & till Bonde	Nama of operation Data of
(Stata or country)	und	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Lears	Johnson	23. If death was due to external causes (VIOL ENCE) fill in also tha following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	lerond	Accidant, suicide, or homicide? Data of injury, 19
17. INFORMANT A GALLET STATE (Addrass) CARA STATE STAT	There and	Where did injury occur? (Specify city or town, county and State) Specify whather injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL		Manner of Injury
Place My Jun Class	Data afer/22, 19.35	Nature of injury.
19. UNDERTAKER BROOKS (Address) 27:88 P	lows,	24. Was diseasa or injury in any way related to occupation of deceased? If so, specify
20. FILED Juil 22, 1935 J.T	Helach Registrar.	(Signed) Stall Jone ma, M. [

4

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- A	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. operly classified certificate. Ward) (If death occurred in n hospital er institution, give its NAME inof street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH D.C. 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH back WILDWED. WORCED DE Write the word) 17 0 0 is so that (Month) (Day) O 0 7 AGE IIf LESS than L supplied I day hrs. The CAUSE OF DEATH * was as follows: ED termi B OCCUPATION 99 RESERV (a) Trade, profession or particular kind of work plai nt. (b) General nature of industry business, or establishment in (Duration) rta which employed or (employer) Contributory MARGIN Secondary PA-(State or country) pin 0 0 *State the Discase Causing Death, or, in CAUS RENT Violent Caus s, state (1) Means of Injury Accidental, Suicidal or Homicidal. and 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) d state 13 BIRTHPLACE At place of death In the yrs......ds. State... yrs... mos. O Where was disease contracted, if not at place of death? oul of Former or Every Item CIANS sh statement DATE OF BURIAL 15 If more banks are needed, address State Registrar, 16 W. Stratoga St., Balto., Requesting V. S.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., without, Laborer-lahorer, Farm lehorer, Laborer-(a) Spinner, (b) should be used only when needed. As examples: 14 additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know tirud 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Normal, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a worked on may form part of the second statement cases, especially in indu t is lemployments, it is neces-Civil engineer, Stationary fireman, et: the first line will be sufficient, e g., Fermer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health Statement of Occupation Precise statement of ocwhatever, write Nonc. Never return 'Laborer,'" Foreman,"" Lanager," 'bealreport specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day Compositor, Cotton mill; (a) Salesman. (b) who are engaged in the duties of the (a) the kind of work and Arch lect. -Coal mine, etc Locomotive But in many Wom-

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerabrospinal fover (the only definite synchym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); "uphoid fever (never report "Typhoid Pneumonia"); "obor pneumonia. Bronchopneumonia" ("Pneumonia,")

> auc), "Atrophy." "Collapse." "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus." "Old Age," "Shock." "Uraemia," "Weakness," etc., when a definite disease Always qualify all tions, such as "Asthenia," "Annemia" (merely symptomstited unless important. use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Surcoma., etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepain, telumus) may be stated under the head of "contributory." State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases causing (secondary or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death curbolic acid - probably suicide. accident; Revolver would of head homicide; Polsoned by Examples: Accidental drowning; Struck by railway treis or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, Whooping Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY death), 29 ds.; Bronchophrumo, ia isecondury interstitial nophritis, resulting from childbirth or miscarriage as by Committee on cough; "Marasmus," "Old Age," "Shock," Chronic Example: Measles disease etc. The nature of the injury, affection need valendar heart Nomenclature of the The contributory Marshes ; not

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH should Registration Dist No. County (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? yes mos (a) Residence: No. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 30 SEX 4 COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) (Day) (Year) 5a. II married, widowed, or divorced HUSBANO of 22. I HEREBY CERTIFY. That I attended deceased from (or) WIFF of 1925 to 96111 6. DATE OF BIRTH (month, day, and year) certificate. properly If LESS than 7. AGE Years Months Days to have occurred on the date stated above, at stated 1 day ...--- hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance 26 or min. wera as follows Oate of onset 8. Trade, profession, or particular NO kind of work dona, as SPINNER, Jo SAWYER, BOOKKEEPER, etc. may back Industry or business in which plnods work was done, as SILK MILL SAW MILL, BANK, etc..... 10. Oate deceased last worked at 11. Total time (years) this occupation (month and spent in this that occupation Other Contributory Causes of Importance: (State or country) 13. NAME FATHE 14. BIRTHPLACE (city or town) plain (State or country) efully Was there an au'opsy?_____ What test confirmed diagnosis?.. 15. MAIOEN NAME MOTHER 23. If death was due to external causes (VIOLENCE) fill in also the following mportant DEATH 16. BIRTHPLACE (city or lown). (State or country Where did injury occur? ... (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. pluods OF (Address) 18. BURTAL, CREMATION, OR BEN Manner of injury CAUSE mation Nature of injury. LION 24. Was disease or injury In any way related to occupation of deceased? 19. UNDERTAKE (Address) If so, specify (Signed). Registrar. (Address) _____ If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	delle an	Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

State OCCUPA 1. PLACE OF DEATH should County Carry Registration Dist. No item (If death occurred in a hospital or institution, give its NAME instead of street and number) How long In U.S. if of foreign birth? Length of residence in city or town where death occurred 62 statement PHYSICIAN RD. (a) Residence: No. (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) PERMANENT marred FOR BINDING 5a, If married, widowed, or divorced HUSBAND of 22. HEREBY CERTIFY. That I attended deceased from (or) WIFE of 田 certificate. 7. AGE Months If LESS than proper Years to have occurred on the date stated above, at ___. Days 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance 10 or min. 8. Trade, profession, or particular RESERVED kind of work done, as SPINNER be Jo SAWYER, BOOKKEEPER, etc. .. back pluods may Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc ... 11. Total time (years) On 10. Date deceased last worked at this occupation (month and spent in this occupation_ instructions DING Other Contributory Causes of importance 12. BIRTHPLACE (city or town (State or country) supplied FATHER See 14. BIRTHPLACE (city or town plain (State or country) carefully What test confirmed diagnosis?... Was there an autopsy? MOTHER important. 15. MAIDEN NAME in 23. If death was due to external causes (VIOL ENCE) fill in also the following Accident, suicide, or homicide?_____ Date of Injury____ DEATH 16. BIRTHPLACE (city or town) (State or country pe Where did injury occur?_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. plnods very (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury mation CAUSI TION Nature of injury 19. UNDERTAKER (Address) If so, specify

STATE OF MARYLAND—CERTIFICATE OF DEATH If nonresident give city or town and State Date of onset

24. Was disease or injury in any way related to occupation of deceased?

(Signed)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II	
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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD BINDING PERMANI A FOR WITH UNFADING INK--THIS RESERVED MARGIN AINL WRITE No. m ż

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PLACE OF DEATH	04000
County Kent Co.	STATE OF MARYLAND
County	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Millington (No.	(16.1)
Village of City	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Eldridge a. 7	Vilsur tion, give its NAME i) - stend of street and number.)
- OLL NAME	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Wedon	16 DATE OF DEATH
male White OR DIVORCED.	april 16, 1235
(Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH NAME OF WITE - ISAbelle Wilson	17 I HEREBY CERTIFY, That I attended the deceased from
august 25, 1868	193 to Cafe 1923.
(Month) (Day) (Year)	that I last saw ham alive on the first that I last saw ham alive on the first that I last saw ham alive on the first that I last saw ham alive on the first that I last saw ham alive on the first that I last saw ham alive on the first that I last saw ham alive on the first that I last saw ham alive on the first that I last saw ham alive on the first that I last saw ham alive on the first that I last saw ham alive on the first that I last saw ham alive on the first that I last saw ham alive on the first that I last saw ham alive on the first that I last saw ham alive on the first that I last saw had alive on the first that I last saw ha
7 AGE [If LESS than	and that death occurred on the date stated above, at 12:15:10m.
7 (! day hrs.	The CAUSE OF DEATH * was as follows:
(a) yrs. mos. ds. or min.	Browle Rosamonia
B OCCUPATION (a) Trade, profession or	***************************************
particular kind of work Corpertar.	
(b) General nature of industry business, or establishment in	100000000000000000000000000000000000000
which employed or (employer)	(Duration)yrsds.
9 BIRTHPLACE (State or country)	Contributory Secondary
I 10 NAME OF	(Durstion)ds.
FATHER	(Signed) M. D.
o 11 BIRTHPLACE	af 16 1935 (Address) quillinglist
OF FATHER Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
W 12 MAIDEN NAME O	Accidental, Suicidal or Homicidal.
of MOTHER Surah Treen	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place In the
(State or Country) Maryland.	of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted it not at place of dea h?
m & we	Former or
(Informant) Marry C. Welson	usual res,dence
(Address) millingten, mel.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	manyen, ma. upu 14, 1933
15 Filed apr, 19- 19286 clarift Brice	20 UNDERTAKER ADDRESS
De fily Registras	youn a. Sten Hom millingen ma
If more banks are needed, addre.s tate kegistrar	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of age. For many occupations a single word or term on fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Colton mill; (a) Sulesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, er," etc., without more precise specification as Light laborer, Farm laborer, Laborer—Coul mine, etc. Women at home, who are engaged in the duties of the nature of the business or industry, and therefore an Physician, Compositor, Architect, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, yrs). For persons who have no occupation Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise_se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros inal menin_tis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typheid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
"E haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uracmia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephrilis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercun be ascertained as the cause. (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU.: Y Chronic etc. The contributory valvular Always qualify all heart disease;

approved by Committee on Nomenclature of the American Medical Association.

If this certificate is Nooked over thoroughly and all questions answered in detail, it will preven further correspondence. All the data is essential and must be obtained before the certificate is permanently field.